

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org <http://cityoflacrosse.org>

Property Owner: Wakeen Properties LLC
Address: 145 4th St. South City: LaCrosse State: WI Zip: 54601
Phone # 608-385-9021 Email Address josephzenz@gmail.com

Application Preparer (if different from above) La Crosse Sign Group
Relationship with Owner: Sign Contractor
Phone # 608-781-1450 Email Address theresa.besse@lacrossesign.com

Description of Proposed Encroachment:

Re-skin existing awning

Encroachment Address(es):

135 4th St. S, La Crosse, WI 54601

Benefiting Tax Parcel ID #(s):

17-20033-050

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies and special conditions of the City of La Crosse. The applicant agrees to perform the work covered by an approved permit with diligence and convenience to the public.

1/6/2025

Signature of Owner : [Signature] Date: _____

Print Name and Title: xin jian li owner

Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. **Average completion time for validation 45 days.**

BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY

Required items to be provided by Applicant:

Scale Drawing of encroachment on letter size paper(s)	<input type="checkbox"/>
Legal Description of benefiting parcel(s)	<input type="checkbox"/>
Certificate of Insurance (City as additional Insured)	<input type="checkbox"/>
Initial Application / Annual Fee \$ _____	<input type="checkbox"/>
City Utility Potential Conflict Notification and Sign-Off	<input type="checkbox"/>

Board of Public Works

Approval Date:

Encroachment Type:

Permit Number:

All Fees are Non-Refundable & Subject to change by City Council



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fleis Insurance Agency, Inc 1824 E Main Street PO Box 537 Onalaska, WI 54650		CONTACT NAME: Interim CL CSA - Zach Schild PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: zschild@fleisinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Society Insurance	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

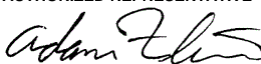
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY				X	ROP 588471	2/1/2024	2/1/2025	EACH OCCURRENCE		\$	1,000,000	
			CLAIMS-MADE	X	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
	X	EPL (See Addl Covera								MED EXP (Any one person)		\$	5,000	
					PERSONAL & ADV INJURY					\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE					\$	2,000,000			
	X	POLICY		PRO-JECT						LOC	PRODUCTS - COMP/OP AGG		\$	2,000,000
		OTHER:								LIQUOR LIABILITY		\$	1,000,000	
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)		\$		
		ANY AUTO OWNED AUTOS ONLY			SCHEDULED AUTOS			BODILY INJURY (Per person)		\$				
		HIRED AUTOS ONLY			NON-OWNED AUTOS ONLY			BODILY INJURY (Per accident)		\$				
										PROPERTY DAMAGE (Per accident)		\$		
													\$	
		UMBRELLA LIAB			OCCUR					EACH OCCURRENCE		\$		
		EXCESS LIAB			CLAIMS-MADE					AGGREGATE		\$		
		DED		RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N N / A						PER STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		\$		
										E.L. DISEASE - POLICY LIMIT		\$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of La Crosse 400 La Crosse St La Crosse, WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ZSCHILD

1/3/2025

PRODUCER		CONTACT NAME: Interim CL CSA - Zach Schild	
Fleis Insurance Agency, Inc 1824 E Main Street PO Box 537 Onalaska, WI 54650		PHONE (A/C, No, Ext):	
		FAX (A/C, No):	
		E-MAIL ADDRESS: zschild@fleisinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A : Society Insurance	
Wakeen Properties LLC 145 4th St S La Crosse, WI 54601		15261	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE					\$ 2,000,000		
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		HIRED AUTOS ONLY			NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$					
						PROPERTY DAMAGE (Per accident)	\$					
							\$					
		UMBRELLA LIAB			OCCUR				EACH OCCURRENCE	\$		
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$		
		DED		RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A					<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$	
										E.L. DISEASE - POLICY LIMIT	\$	